

16138 U.S. PTO
040804

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15364 U.S. PTO
10/821079
040804

PATENT

Attorney Docket No. **L29-6408NP**

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **Anthony J. Shawan and Isador H. Lieberman**

For (title): **LOTION APPLICATION APPARATUS**

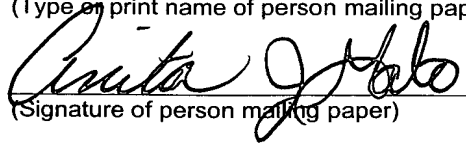
Enclosed are:

1. **Papers Required for Filing Date Under 37 CFR 1.53(b):**
- 28 Pages of specification
 - 1 Pages Abstract
 - 6 Pages of claims
 - 5 Sheets of drawing
- ☒ formal (Figs. 1-14)
☐ informal

In addition to the above papers there is also attached: **An Information Disclosure Stmt (2 pgs.); PTO-Form 1449 (2 pgs.) citing TWENTY-SIX (26) Patent Documents**

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **April 8, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **ET-035757555US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo
(Type or print name of person mailing paper)

(Signature of person mailing paper)

2. **Declaration or oath:**

☒ Enclosed (Executed)

☐ Not Enclosed.

3. **Language:**

☒ English

☐ Non-English

☐ A verified English translation of the

☐ specification and claims

☐ declaration

is attached.

4. **Assignment:**

☒ An assignment of the invention to Invential Product Development LLC

☒ is attached.

☐ will follow

5. **Certified Copy:**

Certified copy (ies) of application (s)

(Country)	(Appln. No.)	(Filed)
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(Country)	(Appln. No.)	(Filed)
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(Country)	(Appln. No.)	(Filed)
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from which priority is claimed

☐ is attached

☐ will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				\$ 385.00
Total Claims	21	- 20 =	1 X \$ 9.00	9.00
Independent Claims	2	- 3 =	0 X \$ 43.00	0.00
Multiple dependent claim(s), if any			0 + \$145.00	0.00

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation

\$394.00

7. **Small Entity Statement**

- ☒ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$394.00**
- ☒ assignment recordal fee **\$ 40.00**
- ☐ for processing an application with a specification in a non-English language **\$ 0.00**

Total fees enclosed

\$434.00

9. **Method of Payment Fees:**

- ☒ check in the amount of **\$434.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 40,871

Richard S. Wesorick

Type or print name of attorney